

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled _____

MATERIAL FOR EXTRACTING HYDROPHOBIC COMPONENTS DISSOLVED IN WATER

the specification of which:

is attached hereto, and/or

was filed on 29 July 1993 as Application Ser. No. PCT/EP93/02029

and was amended on 18 July 1994 (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. All factual statements made in the specification of my own knowledge are true and all factual statements made on information and belief are believed to be true.

I acknowledge to the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

			<u>Priority Claimed</u>
(Number)	(Country)	(Day/Month/Year)	<u>xx</u> Yes <u> </u> No
(Number)	(Country)	(Day/Month/Year)	<u> </u> Yes <u> </u> No

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Sec. 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Appln. Ser. No.)	(Filing Date)	(Status: patented, pending, abandoned)
(Appln. Ser. No.)	(Filing Date)	(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following as my attorneys of record, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent Office:

Louis A. Morris, Reg. No. 28,100
 Ralph J. Mancini, Reg. No. 34,054
 Joseph M. Noto, Reg. No. 32,163

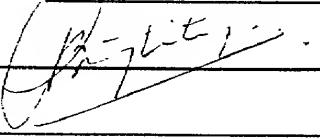
Richard P. Fennelly, Reg. No. 25,677
 Loretta A. Miraglia, Reg. No. 34,680

Direct all correspondence to:

Joseph M. Noto
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 Patent and Trademark Department
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 Dobbs Ferry, NY 10522-3401
 (914) 674-5466

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Sec. 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor FREDERIK ALBERT BUIJTEHUIJS

Inventor's signature 

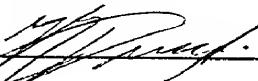
Date 31-1-95

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Post Office Address same as residence

Full name of second joint inventor, if any JOHANNE JOSEF PRAGT

Inventor's signature 

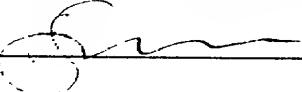
Date 07-3-95

Residence Lepenhof 14, 6951 MG Dieren, The Netherlands

Citizenship Dutch

Post Office Address same as residence

Full name of third joint inventor, if any ELWIN SCHOMAKER

Inventor's signature 

Date 07-02-95

Residence Tuinstraat 2, 6882 NX Velp, The Netherlands

Citizenship Dutch

Post Office Address same as residence

Full name of fourth joint inventor, if any _____

Inventor's signature _____

Date _____

Residence _____